CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-99)

1. CIR./DIST./ DIV. CODE	2. PERSON REPRESENTED		VOUCHER NUMBER
CAN	BISHOP, LARRY		

3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER	5. APPEALS. DKT./DEF. NUMBER	6. OTHER DKT NUMBER
	CR-07-00645-MMC		

7. IN CASE/MATTER OF *(Case Name)*	8. PAYMENT CATEGORY	9. TYPE PERSON REPRESENTED	10. REPRESENTATION TYPE *(See Instructions)*
UNITED STATES v. WILLIAMS, ET AL.	☒ Felony ☐ Petty Offense ☐ Misdemeanor ☐ Other... ☐ Appeal	☒ Adult Defendant ☐ Appellee ☐ Juvenile Defendant ☐ Other... ☐ Appellant	CC

11. OFFENSE(S) CHARGED (Cite U. S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense*

21:846, 841(B)(1)(A)(I) AND 18:2; 841(A)(1) AND (B)(1)(C); 841(B)(1)(B)(I); 21:853

12. ATTORNEY'S NAME *(First Name, M. I.., Last Name, including any suffix),* AND MAILING ADDRESS

ANTHONY BRASS
3223 WEBSTER ST.
SAN FRANCISCO, CA 94123

Telephone Number   415-922-5462

14. NAME AND MAILING ADDRESS OF LAW FIRM *(Only provide per instructions,*

LAW OFFICE OF ANTHONY J. BRASS
3223 WEBSTER ST.
SAN FRANCISCO CA 94123

FILED

JAN 2 3 2008

RICHARD W. WIEKING
CLERK U.S. DISTRICT COURT,
NORTHERN DISTRICT OF CALIFORNIA

13. COURT ORDER

☒ O Appointing Counsel   ☐ C Co-counsel
☐ F Subs For Federal Defender   ☐ R Sub for Retained Atty.
☐ P Subs for Panel Attorney   ☐ Y Standby Counsel

Prior Attorney's Name: _____
Appointment Date: _____

☐ Because the above -named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

☐ Other *(See Instructions)*

Mag. Judge Zimmerman

Signature Of Presiding Judicial Officer or By Order Of The Court

Date Of Order   18/an 08   Nunc Pro Tunc Date   10/30/2007

Repayment or partial repayment ordered from the person represented for this service at time of appointment.   ☐ YES   ☒ NO

CLAIM FOR SERVICES AND EXPENSES / **FOR COURT USE ONLY**

	CATEGORIES *(attached itemization of services with dates)*	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15.	a. Arraignment And/or Plea					
	b. Bail And Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify On Additional Sheets)					
	(RATE PER HOUR =) TOTALS:					
16.	a. Interview and conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and other work *(Specify on additional sheets)*					
	(RATE PER HOUR =) TOTALS:					
17.	Travel Expenses (Lodging, parking, meals, mileage, etc.)					
18.	Other Expenses (other than expert, transcripts, etc.)					
	GRAND TOTALS (CLAIMED AND ADJUSTED):					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR TE PERIOD OF SERVICE	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
FROM: _____ TO: _____		

22. CLAIM STATUS   ☐ Final Payment   ☐ Interim Payment Number _____   ☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this case?   ☐ YES   ☐ NO   If yes, were you paid?   ☐ YES   ☐ NO
Other than from the court, have you, or to your knowlege has anyone else, received payment *(compensation or anything of value)* from any other source in connection with this representation?   ☐ YES   ☐ NO   If yes, give details on additional sheets.
I swear or affirm the truth or correctness of the above statements..

Signature Of Attorney _____   Date _____

APPROVED FOR PAYMENT - COURT USE ONLY

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOT. AMT. APPR./CERT.

28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER		DATE	28A. JUDGE/MAG CODE

29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED

34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) *Payment approved in excess of the statutory threshold amount.*	DATE	34A. JUDGE CODE